

Name
in
Full

Mary Anna Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	House wife		Annapolis		
Married, Single or Widowed	Name of Wife or Husband	D.W. Brooks		Baltimore	
Father's Name	Andrew W. Chaney		Father's Birthplace	Annapolis	
Mother's Maiden Name	Sarah Louise Barber		Mother's Birthplace	Baltimore	
Name of person giving information	D.W. Brooks		How related to deceased	Husband	
CAUSES OF DEATH					
Primary	Bright's Disease			How long	6 months
Immediate	Overwork			How long	-

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Geo Wells M.D.

Annapolis
Md

Address

Accident or Suicide?

U

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
C O R O N E R



Name <u>Alice Brown</u>				CERTIFICATE OF DEATH			
Died at <u>Annapolis</u>	Town	County <u>Anne Arundel</u>	MARYLAND				
Date of death <u>1905 June</u>	Month	Day <u>28</u>	Years	Months	Days		
Age <u>28</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis</u>					
Sex <u>Female</u>	Occupation <u>[Redacted]</u>	Where Residing if not at place of death <u>61 Cedar Lane</u>					
Married, Single <u>Single</u>	Name of Wife or Husband <u>[Redacted]</u>	Father's Name <u>George Brown</u>	Birthplace <u>Annapolis</u>				
Father's Name <u>Lizzie Daye</u>	Mother's Maiden Name <u>Lizzie Daye</u>	Mother's Name <u>George Brown</u>	Birthplace <u>Albion</u>				
Name of person giving information <u>George Brown</u>		How related to deceased <u>Father</u>					

CAUSES OF DEATH

Primary

Marasmus

How long

since Birth

Immediate

Exhaustion

How long

119

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

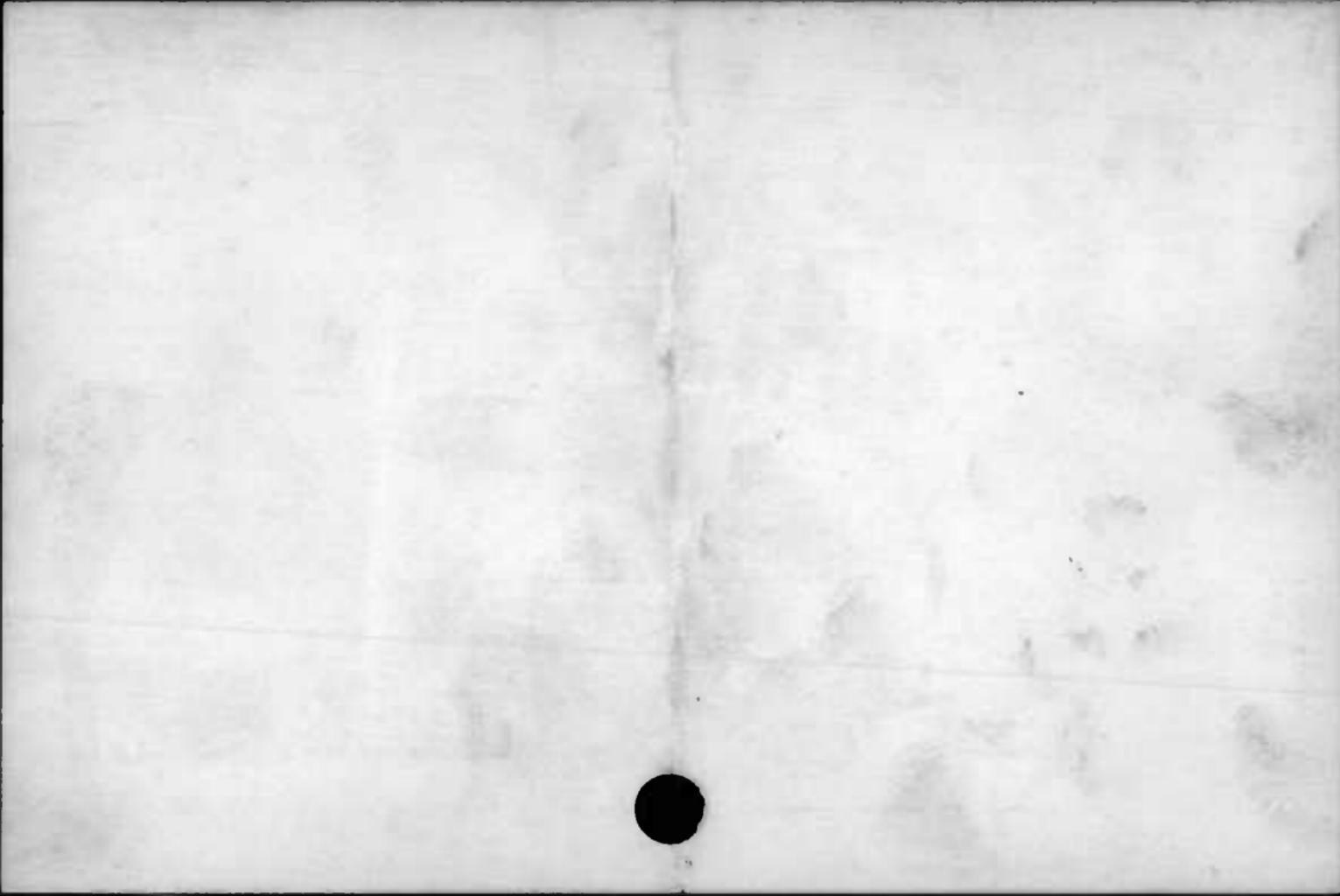
Address

John Ridout Met

Annapolis

Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Campbell				CERTIFICATE OF DEATH			
Died at	Annapolis	Town	County	MARYLAND			
Date of death	190	Month June.	Day 30	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Annapolis		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Mr. Campbell			Father's Birthplace	Annapolis		
Mother's Maiden Name	Mary L. Puckett			Mother's Birthplace	Annapolis		
Name of person giving Information	Mr. C. Campbell			How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Barn S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Margot Chambers
midwife
84 Spruce Gage
st

Accident or Suicide?

B.
4

P



Name
in
Full

Monaeva Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
near Harmon's Anne Arundel County					MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
5 June	12		81			
Sex	Females	Color or Race	white	Birth- place	Maryland	
Married, Single or Widowed	widowed	Occupation	none			
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	Samuel Hellbrough			How related to deceased not related		

CAUSES OF DEATH

Primary

Infirmities of age

How long

6 years

Immediate

heart disease

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Austin Williams
Eck Ridge Howard
County

Accident or Suicide?

No





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	69 yrs			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Hannetta Cooper				
Father's Name	William Cooper					Father's Birthplace
Mother's Maiden Name	Lindsey					Mother's Birthplace
Name of person giving Information	Hannetta Cooper					How related to deceased

CAUSES OF DEATH

Primary

Nephritis & Hepatic
congestive
exhaustion

How long

Several Months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

John Ridout M.D.
Annapolis
Md

Accident or Suicide?

2



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

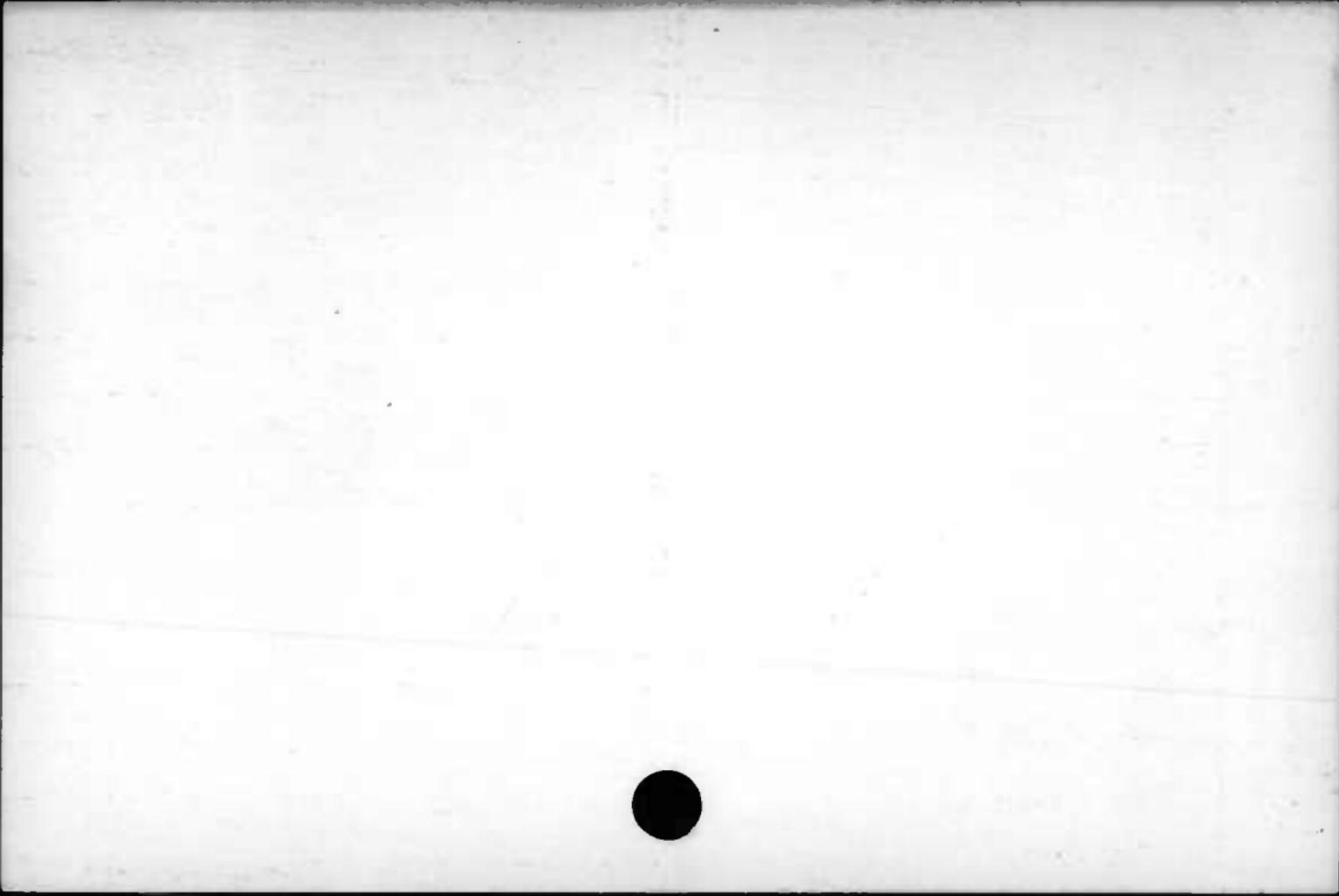
PHYSICIAN
OR CORONER

1

Died at		Town	County		
		Harrisons	Anne Arundel	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	June	23	Age 8 hours		
Sex	Male	Color or Race	Bloek	Birth- place	Anne Arundel
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Benjamin Dally		Father's Birthplace	ATCO MD
Mother's Maiden Name		Rita Harris		Mother's Birthplace	ATCO MD
Name of person giving information		Rita Harris		How related to deceased	Mother

CAUSES OF DEATH

Primary	Inanition	How long	8 hours
Immediate	Inanition	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	TER Womerson
			Address Eckridge Md
Accident or Suicide?			



Name
in
Full

Charles Eades

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Owensville	Anne Arundel				
Date of death	Month	Day	Years	Months	Days		
1908 June		14	—	14	20		
Sex	male	Color or Race	Colored	Birth-place	Owensville		
Occupation	—	Where Residing if not at place of death		Owensville			
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Anne Arundel		
Father's Name	Jeremiah Eades	Mother's Maiden Name	Maggie Eades	Mother's Birthplace	Anne Arundel		
Name of person giving information	Jeremiah Eades	How related to deceased	Father				

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

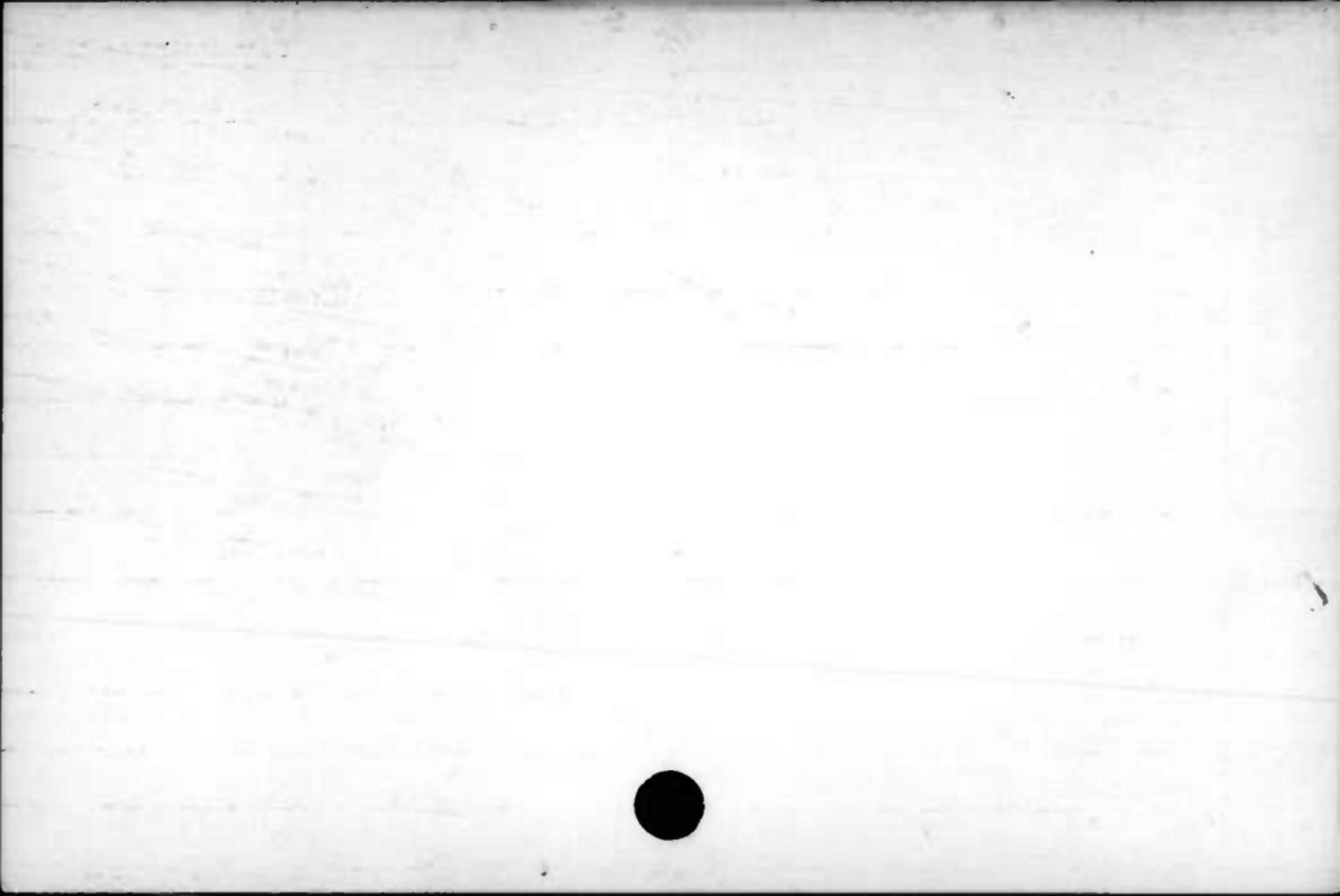
Signature of Physician

Address

Maryland Carroll
West River,
Md.



Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Belmont		Town	C.A.		County	MARYLAND	
Date of death 1905	Month June	Day 11	Years —	Age —	Months	Days	
Sex Female	Color or Race white			Birth-place Belmont			
Occupation Farmer	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name Harry Feldmeyer			Father's Birthplace Indianapolis				
Mother's Maiden Name Ruth Mitzler			Mother's Birthplace Philadelphia				
Name of person giving Information			How related to deceased		Parents		

CAUSES OF DEATH

Primary	Still Born	S.	How long
Immediate	Don't Know		How long

Are the name, age, sex, color, date and place correctly given above?

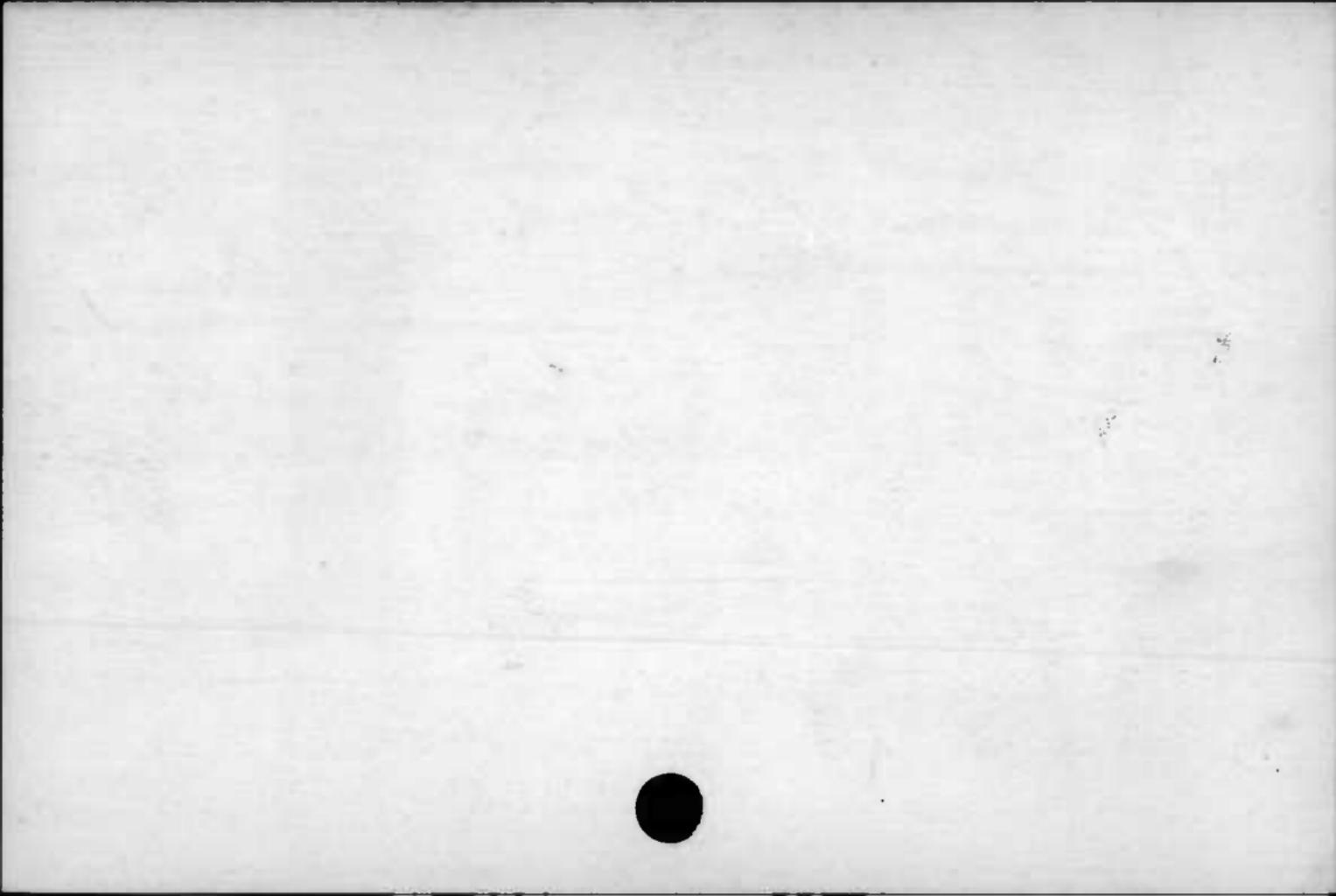
yes

Signature of Physician

Address

Geo. Wells.
Annapolis
Md

Accident or Suicide?



Name
in
Full

Addie Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at	Anne Arundel				
Date of death	Month	Day	Years	Months	Days
1905 June 27			—	June	21
Sex	Color or Race	Parole			
Female	Colonial	Parole			
Occupation	Where Residing if not at place of death				
Minned, Single Widowed	Solomon Fisher				
Father's Name	Name of Wife or Husband				
Mother's Maiden Name	Priscilla Wilson				
Name of person giving Information	Mother				
Father's Birthplace	a.a.c.				
Mother's Birthplace	a.a.c.				
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

(1)

Primary

Marasmus
Exhaustion

How long

since Birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

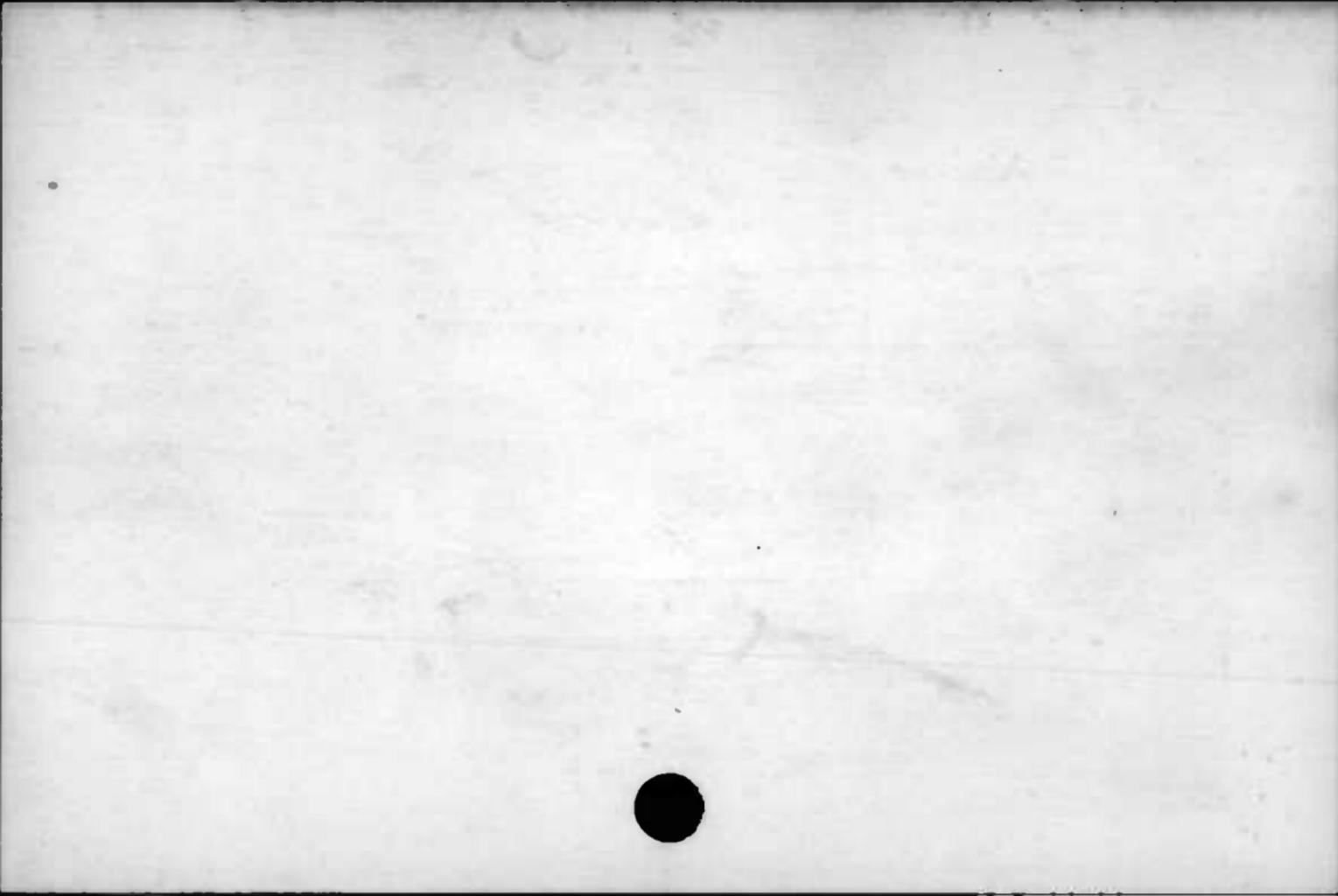
Address

John Ridout M.D.

Annapolis
Md

yes

Accident or Suicide?



Name
in
Full

Gertude Shackney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Missouri		
Mother's Maiden Name	Annie Shackney	Mother's Name	Maryland		
Name of person giving information	Mother	How related to deceased			

PHYSICIAN
CORONER

CAUSES OF DEATH

Primary

Inbercnlosis
Exhaustion

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Ridontike

Minneapolis
Md

yes

Accident or Suicide?



2

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

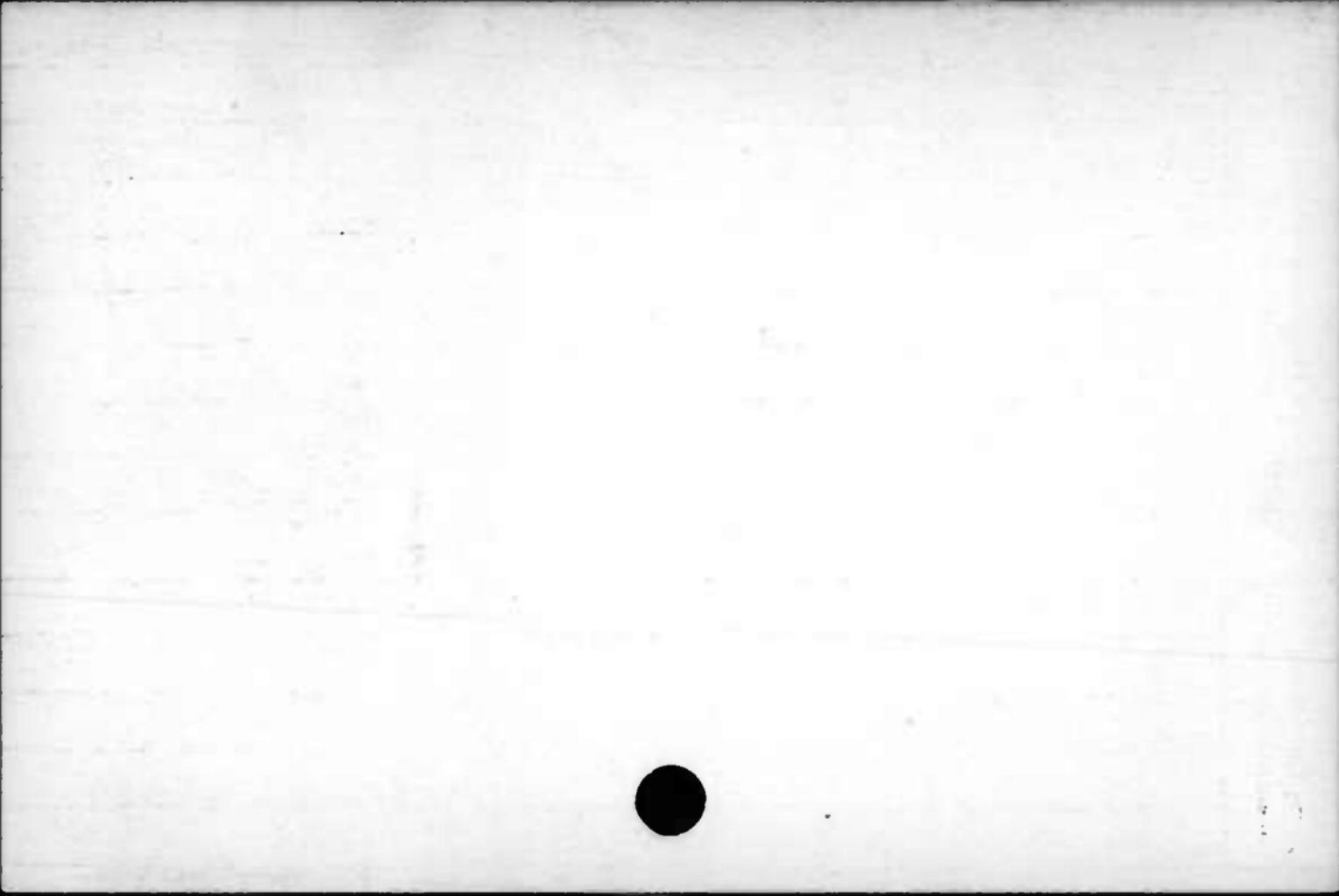
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month June	Day 4	Years 22	Months	Days
Sex	Male	Color or Race	Black			
Occupation	Leaborer					
Married, Single or Widowed	Single					
Father's Name	Richard Hall					
Mother's Maiden Name	Mary S. Ridgely					
Name of person giving information	Jerry Hall					
Where Residing if not at place of death						
Father's Birthplace	A.A. Co. Md.					
Mother's Birthplace	" "					
How related to deceased	Uncle					

CAUSES OF DEATH

Primary	Thyphoid	How long	6 Wks -
Immediate	Heart Failure	How long	1/2 hr -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. J. Gantz
		Address	Melrose, Md.
Accident or Suicide?			

PHYSICIAN OR CORONER



Name
in
Full

Iva Betris Hammond

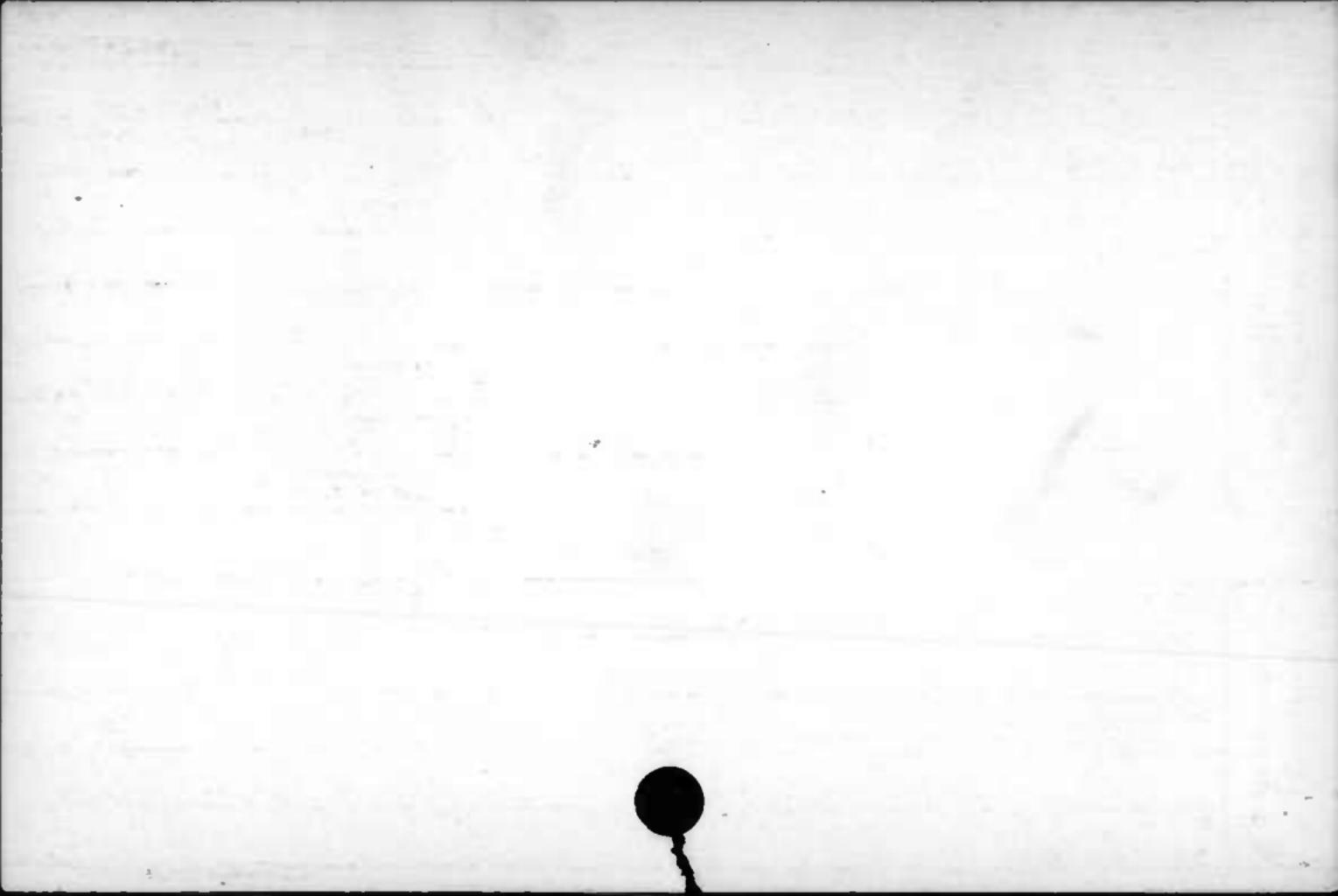
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John J. Hammond				
Mother's Maiden Name	Mayd Virginia Hood				
Name of person giving information	John J. Hammond				
Father's Birthplace	Odenton				
Mother's Birthplace	Odenton				
How related to deceased	Father				

CAUSES OF DEATH

Primary	Cholera Infantum	3 days
Immediate	Exhaustion	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
I		
Accident or Suicide?		



Name
in
Full

Suey Harwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town County Anne Arundel		MARYLAND	
Date of death 1905	Month June	Day 6	Years 60	Months	Days
Sex Female	Color or Race White	Birth-place Annapolis, Md.			
Occupation Maid Lady	Where Residing if not at place of death —				
Married, Single or Widowed Single	Name of Wife or Husband —				
Father's Name William Harwood	Father's Birthplace Annapolis,				
Mother's Maiden Name Hester A. Loeckerman	Mother's Birthplace Annapolis,				
Name of person giving information Hester Harwood	How related to deceased Sister				

CAUSES OF DEATH

Primary	Chronic Anæmia	How long six months
Immediate	Exhalation	How long one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

T. Remond Claude M.D.
98 St. John St.
Annapolis, Md.

PHYSICIAN
OR CORONER

1

Accident or Suicide? —

4



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Hops				CERTIFICATE OF DEATH			
Died at		Town	County				
Date of death	Month	Day	Years	Months		Days	
Sex	Color or Race	Age	63				
Occupation	Colored			Birth-place	A.A.C.		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not place of death	126 South St.				
Father's Name	Rachel Hobbs			Father's Birthplace	A.A.C.		
Mother's Maiden Name	Son			Mother's Birthplace			
Name of person giving information	Richard Hobbs			How related to deceased	Son		

CAUSES OF DEATH

Primary

Asthma & Chronic Nephritis Exhaustion

How long

Months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

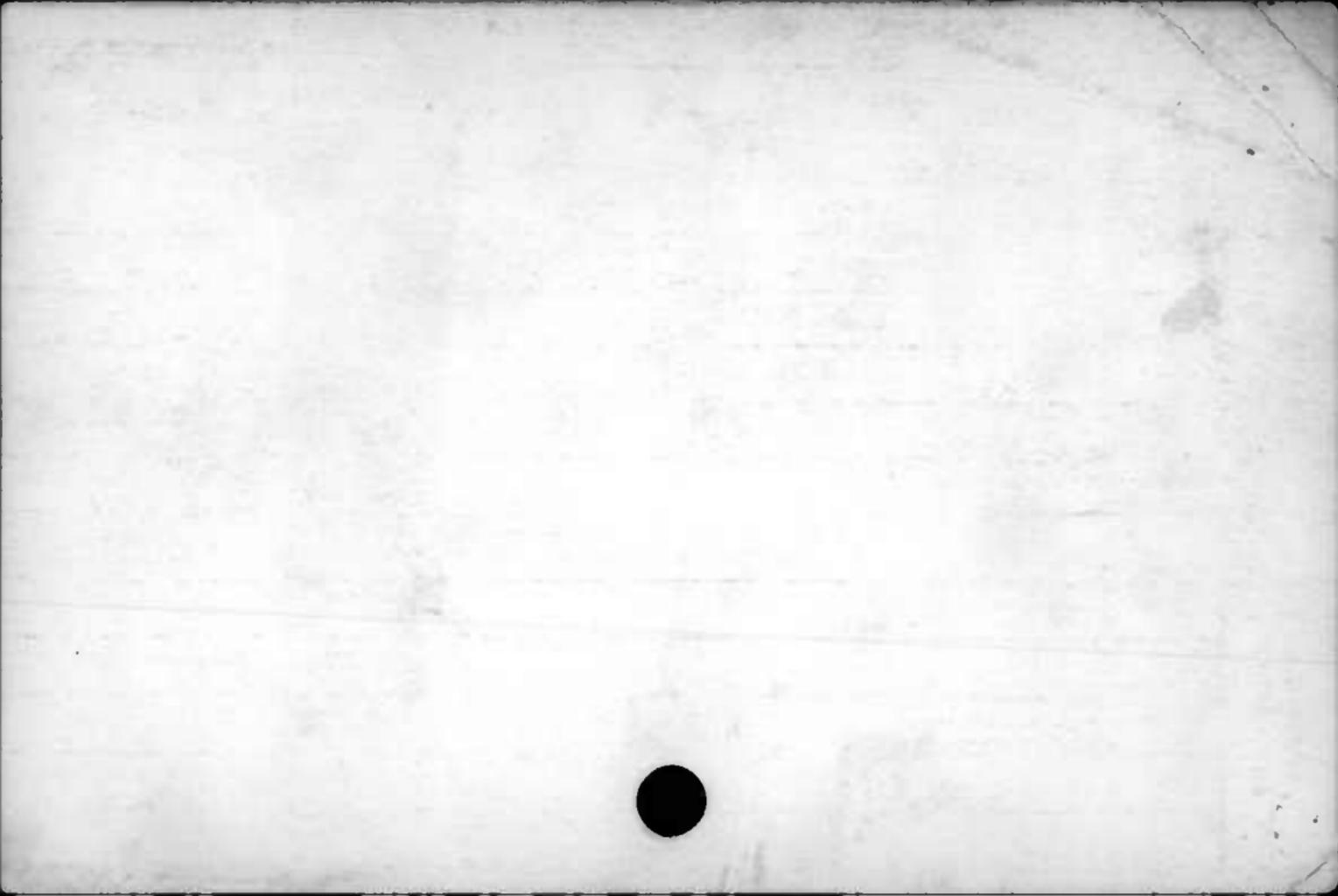
Address

John J. D'Antonio, M.D.
Annapolis, Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Albert Halland.

CERTIFICATE OF DEATH

Died at <u>Nutreee</u>		Town	<u>Anne Arundel</u>		County	MARYLAND	
Date of death	1905 June	Month	Day	Age	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Black</u>		Birth-place	<u>Maryland</u>	
Occupation	<u>Laborer</u>		Where Residing if not at place of death				
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Sarah Holland</u>		Father's Birthplace	<u>Ind</u>	
Father's Name	<u>William Holland</u>				Mother's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Mary Estep</u>				How related to deceased	<u>Friend</u>	
Name of person giving information	<u>William Gross</u>						

CAUSES OF DEATH

Primary

Tuberculosis

How long

18 months

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A H Perrie

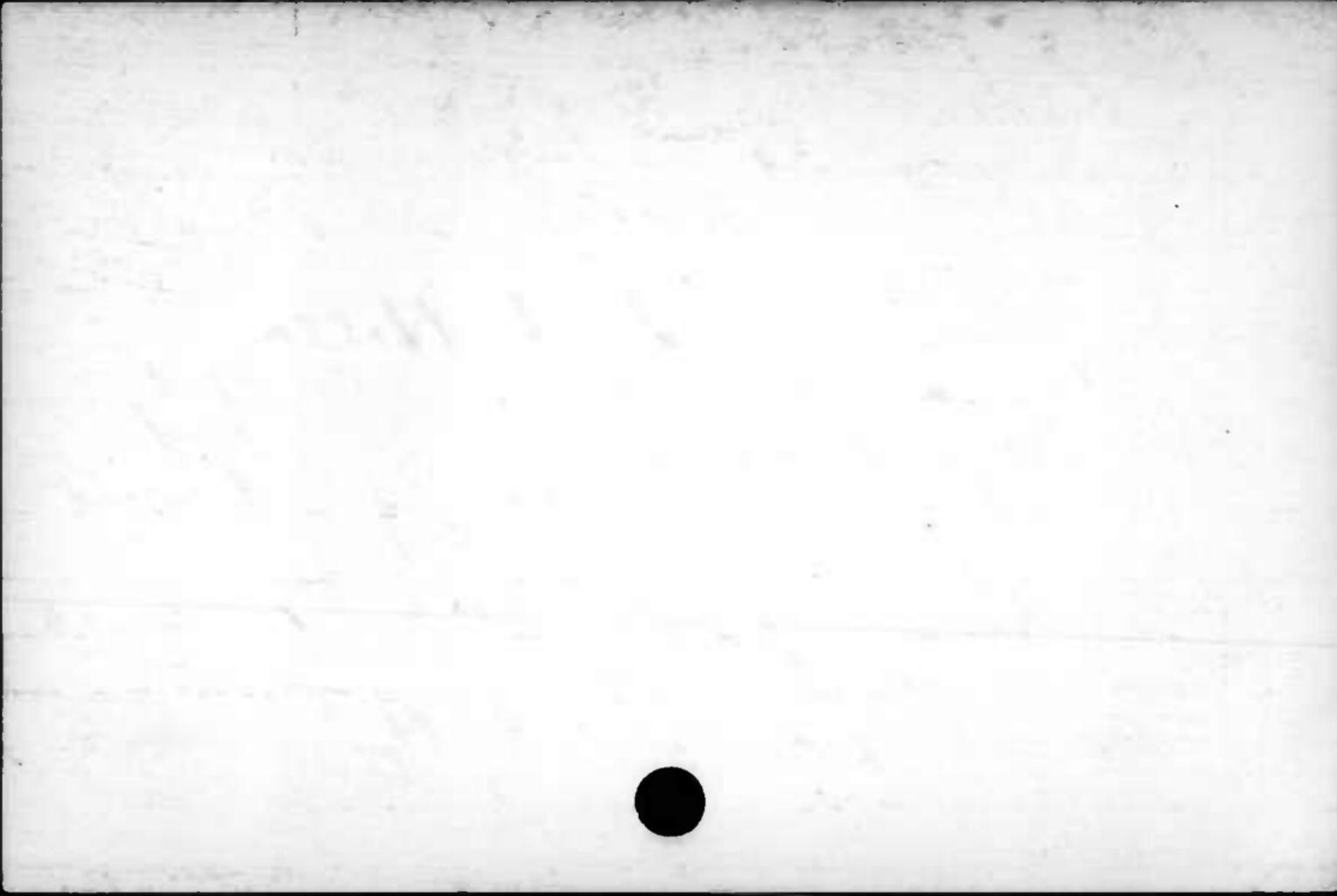
Address

Mckindoe, Ind

PHYSICIAN
OR CORONER

1

Accident or Suicide?



Name
in
Full

Edward L. Hallowe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Hallowe			Father's Birthplace	Acco
Mother's Maiden Name	Agnes Walker			Mother's Birthplace	Acco
Name of person giving information	Charles Hallowe			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

Four days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

John Ridout M.D.
of Annapolis
Md

Accident or Suicide?

8

Name
in
Full

Francis Jankyska

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Wilhelms	Y Roads.	A.A. and		
Date of death	1905	Month June	Day 26	Years	Months 13
Age				Days 9	
Sex	Male	Color or Race	White	Birth- place	A.A. 1/2
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Jankyska				
Mother's Maiden Name	Mary Dorothy				
Name of person giving Information	William Jankyska				
Father's Birthplace	Germany				
Mother's Birthplace	Germany				
How related to deceased	Father -				

CAUSES OF DEATH

Primary

Enter - Colitis

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Franklin Rabe
Lansdowne and

PHYSICIAN
OR CORONER

Accident or Suicide?

Dippel & Co -

Eastern Ave - Cenby -

Name
in
Full

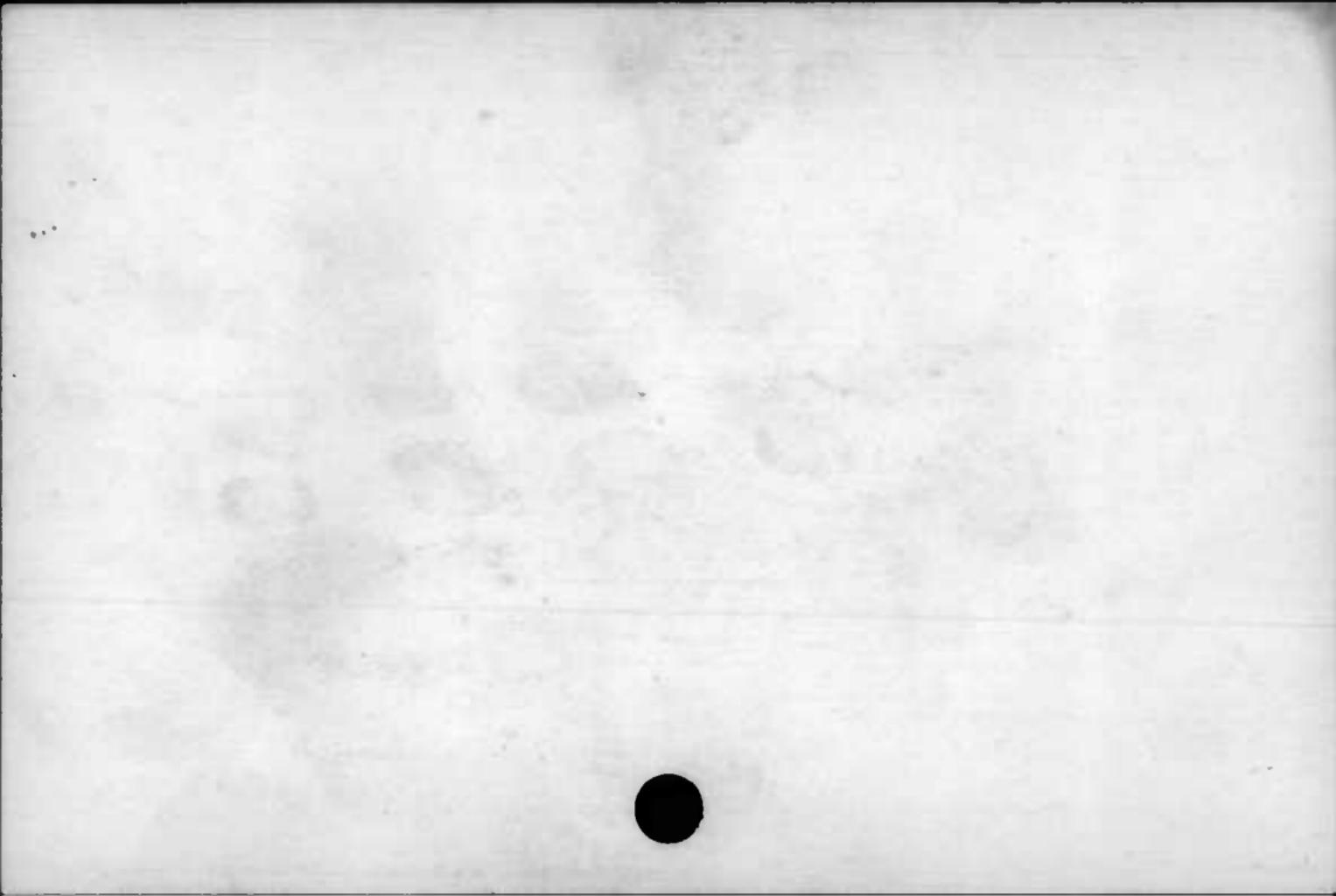
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Louis Johnson					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birthplace				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

Primary	Typhoid Fever	X	How long	three weeks
Immediate	Exhaustion	Intestinal Perforation	How long	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout M.D.	
302		Address	Annapolis Md	
Accident or Suicide?				



Name
in
Full

Hazel Major

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Glossy Run A.T. & Co

County

MARYLAND

Date
of death

Month

Day

Years

Days

1905 June

26

3

Age

Sex

Female

Color or
Race

Colored

Birth-
place

Anne Arundel Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Emma Major

Mother's
Birthplace

Anne Arundel Co

Name of person giving
Information

Basil Hawken

How related
to deceased

Not related

CAUSES OF DEATH

Primary

Measles

How long

2 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

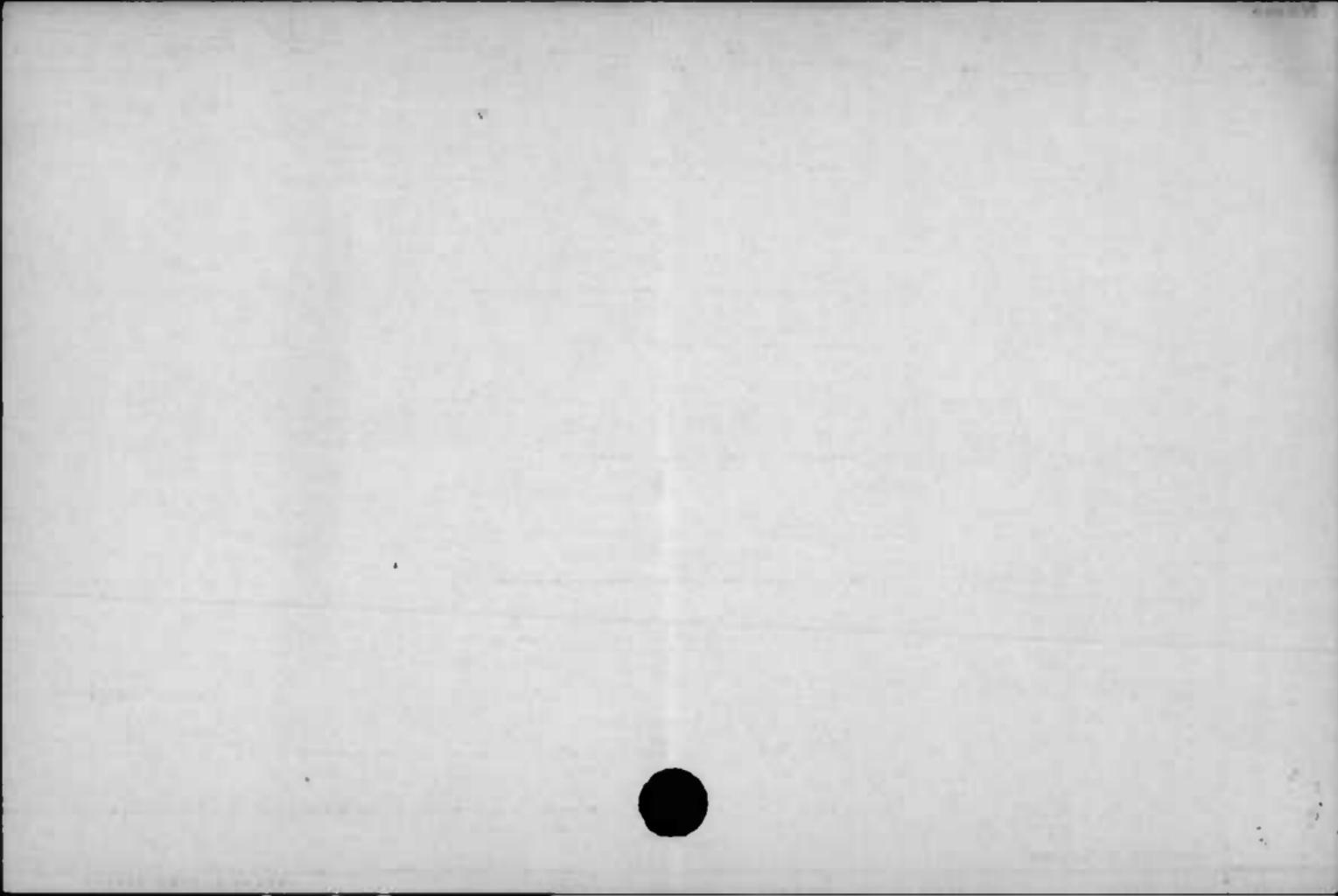
L. R. Wonderson

Address

Elkhurst
Md

P
CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Gottlieb, Christian, Metyger

Died at Stony Creek		Town	Anne Arundel		County	MARYLAND	
Date of death 1905	Month 6	Day 20	Years 65	Age 65	Months —	Days —	
Sex Male	Color or Race White	Birthplace Germany					
Occupation Sailor	Where Residing if not at place of death Baltimore City						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

Edward Murphy

CAUSES OF DEATH

Primary

Drowned

How long

172

Immediate

Strangled

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

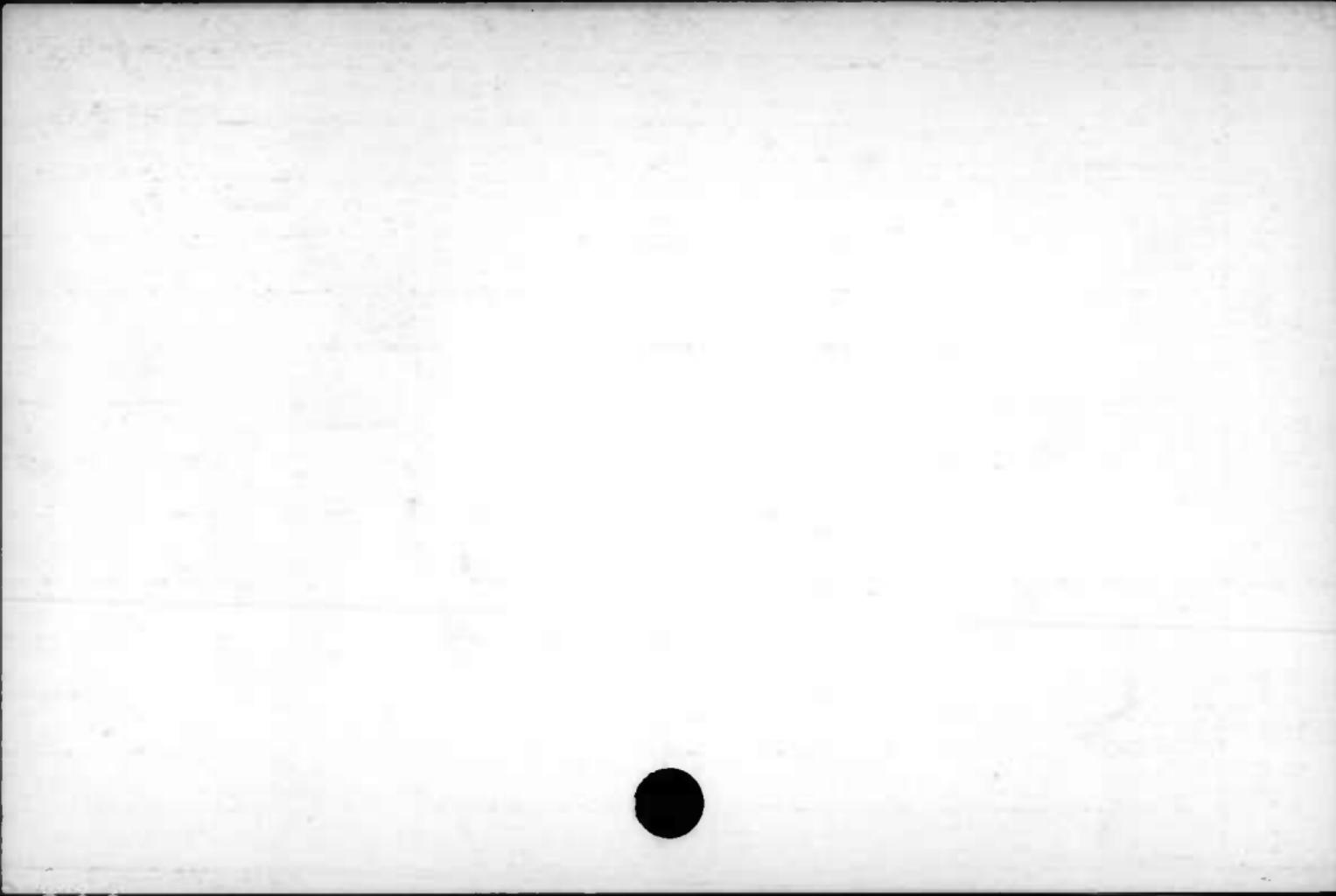
Address

W. L. Hawkins
Brooklyn

I

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Rose DeLoma Naugler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Died at	Town	County		MARYLAND	
Died at	Annapolis	Anne Arundel			
Date of death	Month	Day	Years	Months	Days
1905	January	29		6	26
Sex	Female	Color or Race	White	Birth-place	Annapolis Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Dr. F. Naughlin				
Mother's Maiden Name	Rose V. Keaylin				
Name of person giving information	Father.				

CAUSES OF DEATH

Primary

Enter - colitis

How long

About week

Immediate

Congestion Brain

10

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

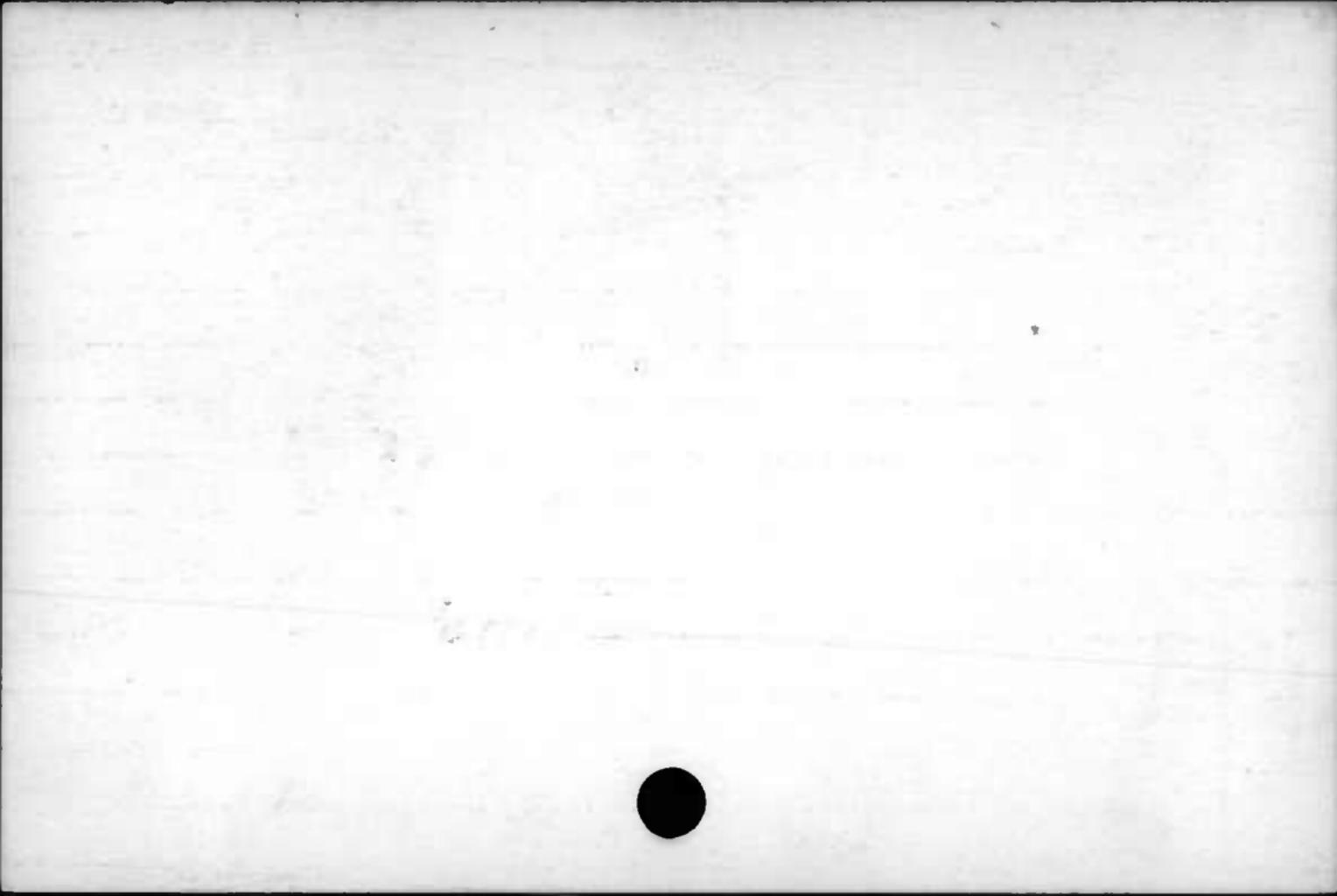
J. H. Thompson M.D.

Address

193 Church St.

Annapolis, Md.

Accident or Suicide?



Name
in
Full

William Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town	Anne Arundel		County	MARYLAND	
Date of death	1905	Month June	Day 26	Age 40	Years	Months	Days
Sex Male	Color or Race Color: R	Birth-place a Co.					
Occupation Laborer	Where Residing if not at place of death Clay St,						
Married, Single or Widowed Married	Name of Wife or Husband Elizer Page						
Father's Name Don't Record	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

"Elizer Page wife

CAUSES OF DEATH

PHYSICIAN
OR PROVOST

Primary Valvular Disease of the heart Aephritis
How long Two months
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

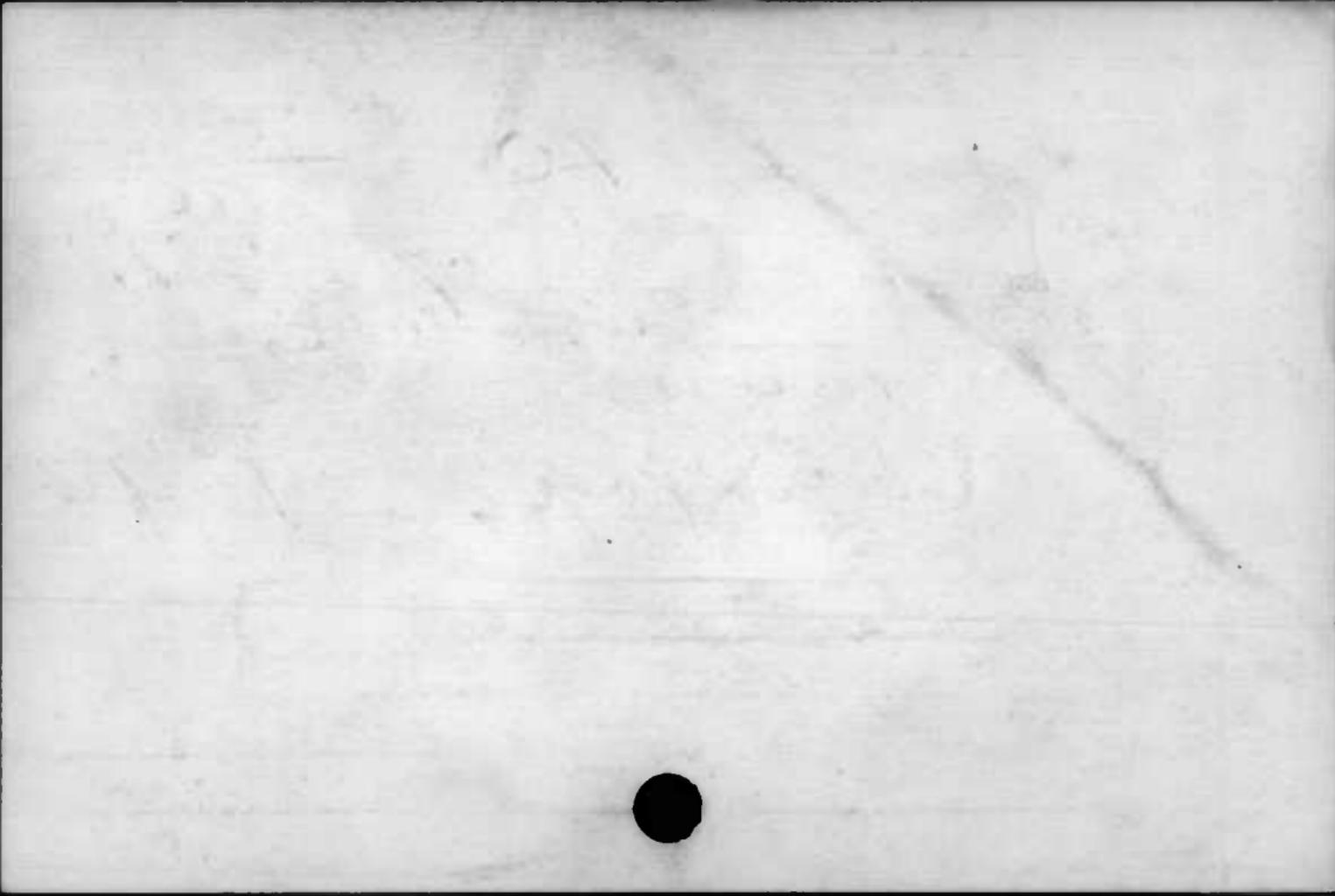
Signature of Physician

Address

John Ridout, M.D.
Annapolis
Md

Yes

Accident or Suicide?



Name
in
Full

Parkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		
Arnapolis	a	a		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	6	7			
Sex	Color or Race	Age	Birth-place		
Male	White		Annapolis		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Parkinson				
Mother's Maiden Name	Bessie Crott, 9				
Name of person giving Information	Edward Parkinson				
Father's Birthplace	Annapolis				
Mother's Birthplace	a a Ctn				
How related to deceased	Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stee-born	-	How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician Address	Louis B. Hinkel Jr. Annapolis, Md.	
Receptionist				

6

Name
in
Full

Wm L Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	At	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	2	15-
Occupation	Where Residing if not at place of death			east Pnt
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Henry Richardson	At 60.		
Mother's Maiden Name	Estella Cornish	At 60.		
Name of person giving information	Mother	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria my 5

How long

since Birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

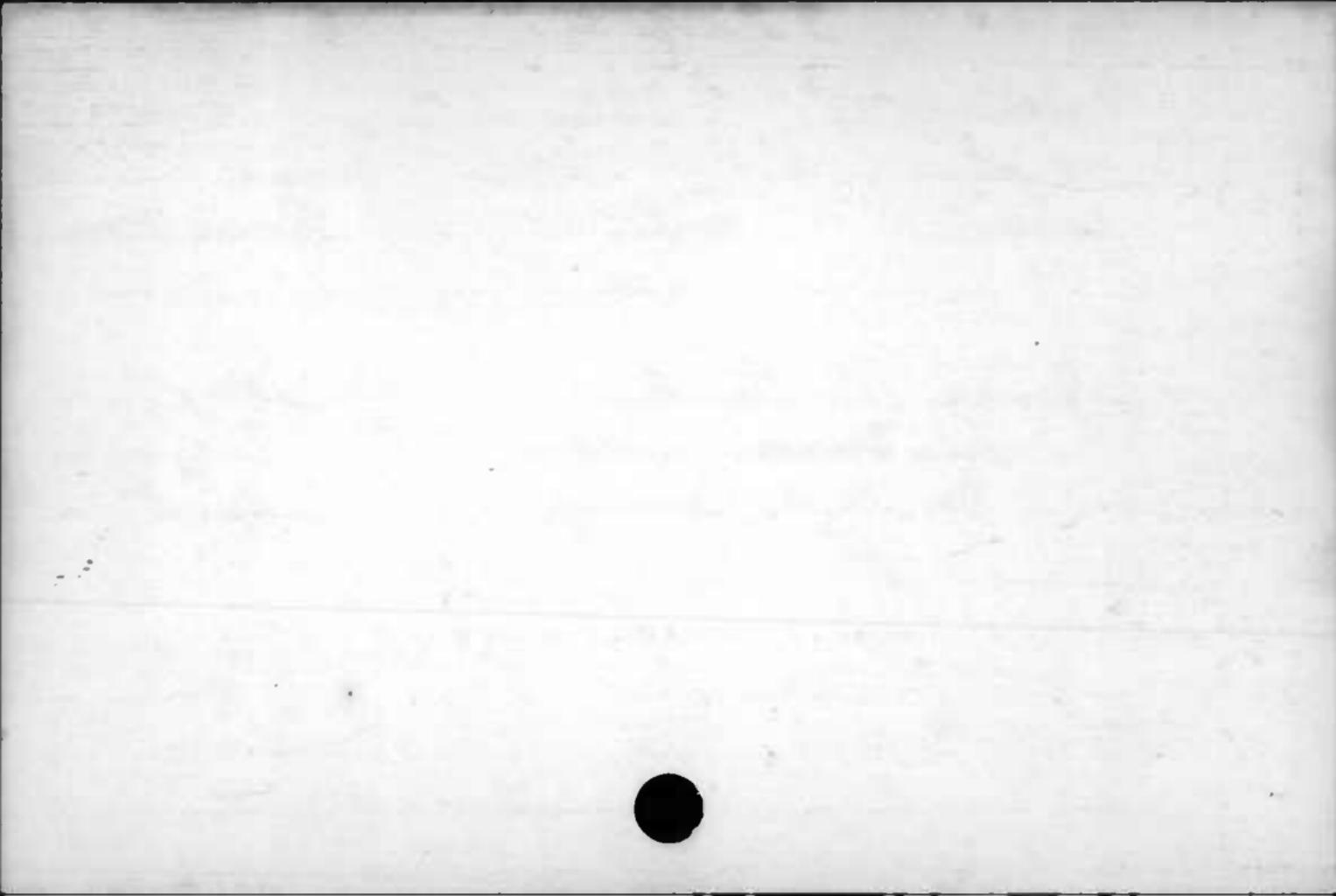
yes

Address

John Ridout M.D.
Annapolis
Md -

Accident or Suicide?

1



Name
in
Full

Mary A. Vack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	June	27 th	One	five	
Age	Color or Race	white	Birth-place	Annapolis	
Sex	female	Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James R. Vack	Father's Birthplace	Maryland		
Mother's Maiden Name	Ada Gruber Vack	Mother's Birthplace	Virginia		
Name of person giving information	Mrs. W. A. Bonney	How related to deceased	Aunt		

CAUSES OF DEATH

Primary

Anæmia & Marasmus

How long

1 year

Immediate

Acute Enteric Colitis

How long

5 wks

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

S. S. Hepburn M.D.

Address

Annapolis Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
in
Full

Laura Logue Vertrees -

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died <u>in Chesapeake Bay</u> <small>Time</small>		County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	6	13	Age 21	5	8	
Sex	Male	Color or Race	white	Birthplace	See -	
Occupation	<u>Subscription Wd.</u>			Where Residing if not at place of death	<u>A.S.S. Newark</u>	
Married, Single or Widowed	Liuisee	Name of Wife or Husband				
Father's Name	<u>Vertrees</u> :			Father's Birthplace	<u>Illi</u>	
Mother's Maiden Name				Mother's Birthplace	<u>Illi</u>	
Name of person giving information	<u>C.H.S. Lawndes</u>			How related to deceased	none	

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

C.H.S. Lawndes M.D.

Address

Kearny Academy
Annapolis Md

Accident 91112

Buchanan. IL

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

POLICE
OR CORONER

<h1>Theodore Armington Walker</h1>					CERTIFICATE OF DEATH
Town		County			
Died at Annapolis, MD, Anne Arundel Co.				MARYLAND	
Date of death 1903	Month June	Day 14	Years —	Months 9	Days 2
Sex male	Color or Race Colored	Birthplace Annapolis, MD			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband —				
Father's Name Charles Walker	Father's Birthplace Annapolis, MD				
Mother's Maiden Name Annabelle Packer	Mother's Birthplace Scarsdale, NY				
Name of person giving Information Charles Walker	How related to deceased Father				
CAUSES OF DEATH					
Primary Marasmus 15 Months	How long				
Immediate exhaustion	How long				
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician John R. Doherty, M.D.				
Address 101 Annapolis Rd					
Accident or Suicide?					

1

6

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Otto Georges Wargberg, Annapolis, A.C.				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1905 June 1 st			41	3	5		
Sex	Color or Race	Birthplace					
Female	White	Norway,					
Occupation	Where Residing if not at place of death						
Sailor,	U.S.S. Santa						
Married, Single or Widowed	Name of Wife or Husband						
Single,							
Father's Name	Father's Birthplace						
Otto Wargberg,	Norway						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						
Jmrec. J. Shy Sutter,							

CAUSES OF DEATH

Primary

Alcoholism, drowning.

How long

2 or 3 days, during

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

How long

last Spree, had been under influence of alcohol for some days before

Address

W.A. Angwin, Surgeon
N.S.N., Annapolis, Md.

PHYSICIAN
OR CORONER



Accident or Suicide? Accident.

